

This form must be completed and returned to the school office within two (2) days after returning to work.



# CALHOUN FALLS CHARTER SCHOOL PERSONAL/SICK LEAVE FORM

**NAME:** \_\_\_\_\_  
Please Print

**Type of Absences:**    **PERSONAL**    **SICK**    **FAMILY**    **RELIGIOUS**    **OTHER**

**Date of Absence(s):** \_\_\_\_\_ **TO** \_\_\_\_\_

**POLICY ON PERSONAL DAYS:**

- A. An employee must notify the Principal at least 3 days before he/she wishes to use personal leave, except in extreme emergencies.
- B. A maximum of two personal days to be used in succession.
- C. Personal days may not be taken during the first or last week of school, during exams/standardized testing, or before or after scheduled holidays on the school calendar.
- D. The employee must notify the Office Manager immediately after administrative permission has been granted for record keeping purposes.

**POLICY ON SICK DAYS:**

- E. An employee must notify the Office Manager at least 24 hours before he/she wishes to use sick day, except in extreme emergencies.
- F. The employee must notify the Office Manager immediately after administrative permission has been granted for record keeping purposes.

**POLICY ON FAMILY ILLNESS:**

- A. Personal/Family illness is limited to 7 days per year.

\_\_\_\_\_  
**Employee Signature** \_\_\_\_\_  
**Date**

**OFFICE USE ONLY – BELOW THIS LINE**

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\_\_\_\_\_ days will be deducted from payroll because they do not follow under guidelines of the CFCS Employee Policies or they do not have the allotted days.

\_\_\_\_\_  
**Office Manager Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal Signature** \_\_\_\_\_  
**Date**